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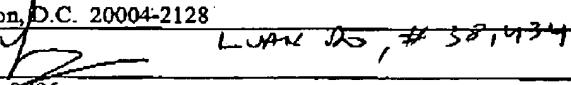
NO. 8878 P. 1/14

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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application Number	10/809,874
		Filing Date	March 26, 2004
		First Named Inventor	Ryoichi FUKUMOTO et al.
		Group Art Unit	1625
		Examiner Name	Binta M. Robinson
Total Number of Pages in This Submission		Attorney Docket Number	741440-58

ENCLOSURES (check all that apply)				
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Three-Month Extension Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers <i>(for an Application)</i> <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Declaration and Power of Attorney <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____			
	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group <i>(Appeal Notice, Brief, Reply Brief)</i> <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Application Data Sheet <input type="checkbox"/> Request for Corrected Filing Receipt with Enclosures <input type="checkbox"/> A self-addressed prepaid postcard for acknowledging receipt <input type="checkbox"/> Other Enclosure(s) <i>(please identify below)</i> _____			
	Remarks		<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees required or credit any overpayments to Deposit Account No. 19-2360 for the above identified docket number.	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm or Individual name	Donald R. Studebaker, Reg. No. 32,815 Nixon Peabody LLP 401 9 th Street, N.W. Suite 900 Washington, D.C. 20004-2128		
Signature	 LAW DO, # 58,634		
Date	October 6, 2006		

CERTIFICATE OF MAILING OR TRANSMISSION [37 CFR 1.8(a)]

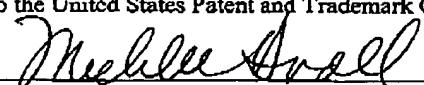
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October 6, 2006

Date



Signature

Michelle Duvall

Typed or printed name

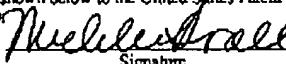
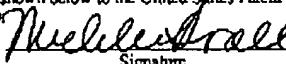
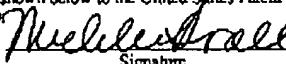
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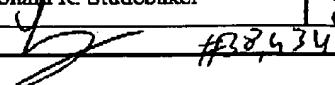
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NO. 8878 P. 2/14

FEE TRANSMITTAL FOR FY 2005 <small>Patent fees are subject to annual revision.</small>		<i>Complete if Known</i>	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	10/809,874
		Filing Date	March 26, 2004
		First Named Inventor	Ryoichi FUKUMOTO et al.
		Examiner Name	Binta M. Robinson
		Art Unit	1625
TOTAL AMOUNT OF PAYMENT		Attorney Docket No.	741440-58

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METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)																																																																																																																																																																												
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		<table border="1"> <tr><td>Fee Code</td><td>Fee (\$)</td><td>Fee Code</td><td>Fee (\$)</td></tr> <tr><td>1051</td><td>130</td><td>2051</td><td>65</td></tr> <tr><td>1052</td><td>50</td><td>2052</td><td>25</td></tr> <tr><td>1053</td><td>130</td><td>1053</td><td>130</td></tr> <tr><td>1812</td><td>2,520</td><td>1812</td><td>2,520</td></tr> <tr><td>1804</td><td>920*</td><td>1804</td><td>920*</td></tr> <tr><td>1805</td><td>1,840*</td><td>1805</td><td>1,840*</td></tr> <tr><td>1251</td><td>120</td><td>2251</td><td>60</td></tr> <tr><td>1252</td><td>450</td><td>2252</td><td>225</td></tr> <tr><td>1253</td><td>1,020</td><td>2253</td><td>510</td></tr> <tr><td>1254</td><td>1,590</td><td>2254</td><td>795</td></tr> <tr><td>1255</td><td>2,160</td><td>2255</td><td>1,080</td></tr> <tr><td>1401</td><td>500</td><td>2401</td><td>250</td></tr> <tr><td>1402</td><td>500</td><td>2402</td><td>250</td></tr> <tr><td>1403</td><td>1,000</td><td>2403</td><td>500</td></tr> <tr><td>1451</td><td>1,510</td><td>1451</td><td>1,510</td></tr> <tr><td>1452</td><td>500</td><td>2452</td><td>250</td></tr> <tr><td>1453</td><td>1,500</td><td>2453</td><td>750</td></tr> <tr><td>1501</td><td>1,400</td><td>2501</td><td>700</td></tr> <tr><td>1502</td><td>800</td><td>2502</td><td>400</td></tr> <tr><td>1503</td><td>1,100</td><td>2503</td><td>550</td></tr> <tr><td>1460</td><td>130</td><td>1460</td><td>130</td></tr> <tr><td>1807</td><td>50</td><td>1807</td><td>50</td></tr> <tr><td>1806</td><td>180</td><td>1806</td><td>180</td></tr> <tr><td>8021</td><td>40</td><td>8021</td><td>40</td></tr> <tr><td>1809</td><td>790</td><td>2809</td><td>395</td></tr> <tr><td>1810</td><td>790</td><td>2810</td><td>395</td></tr> <tr><td>1801</td><td>790</td><td>2801</td><td>395</td></tr> <tr><td>1802</td><td>900</td><td>1802</td><td>900</td></tr> <tr><td colspan="2">SUBTOTAL (1) (\$ 0)</td> <td colspan="2">Fee Description</td> </tr> <tr> <td colspan="2"> 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE </td> <td colspan="2"> Extra Claims Fee from below Fee Paid </td> </tr> <tr> <td colspan="2"> Total Claims 20** - 0 = 0 </td> <td colspan="2"> Fee Description </td> </tr> <tr> <td colspan="2"> Independent Claims 3** - 0 = 0 </td> <td colspan="2"> Fee Paid </td> </tr> <tr> <td colspan="2"> Multiple Dependent X 0 = 0 </td> <td colspan="2"> Fee Description </td> </tr> <tr> <td colspan="2"> 3. SUBTOTAL (2) (\$ 0) </td> <td colspan="2"> Fee Description </td> </tr> <tr> <td colspan="2"> ** or number previously paid, if greater; For Reissues, see above </td> <td colspan="2"> Other fee (specify) </td> </tr> <tr> <td colspan="2"> *Reduced by Basic Filing Fee Paid </td> <td colspan="2"> SUBTOTAL (3) (\$ 1,020.00) </td> </tr> <tr> <td colspan="4" style="text-align: center;">CERTIFICATE OF MAILING OR TRANSMISSION (37 CFR 1.8(a))</td> </tr> <tr> <td colspan="4"> I hereby certify that this correspondence is being: </td> </tr> <tr> <td colspan="4"> <input type="checkbox"/> deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Mail Stop Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450 </td> </tr> <tr> <td colspan="4"> <input type="checkbox"/> transmitted by facsimile on the date shown below to the United States Patent and Trademark Office at (571) 273-8300 </td> </tr> <tr> <td colspan="2"> October 6, 2006 </td> <td colspan="2">  Michelle Duvall Signature Michelle Duvall </td> </tr> <tr> <td colspan="4"> Date Typed or printed name </td> </tr> </table>	Fee Code	Fee (\$)	Fee Code	Fee (\$)	1051	130	2051	65	1052	50	2052	25	1053	130	1053	130	1812	2,520	1812	2,520	1804	920*	1804	920*	1805	1,840*	1805	1,840*	1251	120	2251	60	1252	450	2252	225	1253	1,020	2253	510	1254	1,590	2254	795	1255	2,160	2255	1,080	1401	500	2401	250	1402	500	2402	250	1403	1,000	2403	500	1451	1,510	1451	1,510	1452	500	2452	250	1453	1,500	2453	750	1501	1,400	2501	700	1502	800	2502	400	1503	1,100	2503	550	1460	130	1460	130	1807	50	1807	50	1806	180	1806	180	8021	40	8021	40	1809	790	2809	395	1810	790	2810	395	1801	790	2801	395	1802	900	1802	900	SUBTOTAL (1) (\$ 0)		Fee Description		2. 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Name (Print/Type)	Donald R. Studebaker	Registration No. (Attorney/Agent)	32,815	Telephone (202) 585-8000
Signature			Date	October 6, 2006

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